

Annapolis Pathology Request Form for Studies of the Mouse Mammary Gland

Principal Investigator : _____ **Institution:** _____

Tissue Submitted By: _____ **Date:** ____/____/____

Animal Number: _____ Strain: _____ Age: _____ (Weeks/Mo)

Experimental: _____ Control: _____ Carcinogen: _____ Virus: _____

Specify Promotor(s): _____ Specify Transgene(s): _____ Genotype: ____/____

Gender: M _____ F _____ No of Pregnancies: _____ Days of Gestation/Lactation: _____

Date tumor first noted: ____/____/____ Date of Sacrifice: ____/____/____

Fixative: _____ Days of Fixation: _____

Processing: Routine (yes/no) _____ ASAP(extra charge): (yes/no) _____ Date: ____/____/____

Tissue Collected: (yes/no) _____ Tissue Fixed: (yes/no) _____ Tissue Frozen: (yes/no) _____

		Yes	No			Yes	No
Mammary Gland Sampled:							
1.	Left Cervical	<input type="checkbox"/>	<input type="checkbox"/>	6.	Right Cervical	<input type="checkbox"/>	<input type="checkbox"/>
2.	Left Thoracic	<input type="checkbox"/>	<input type="checkbox"/>	7.	Right Thoracic	<input type="checkbox"/>	<input type="checkbox"/>
3.	Left Thoracic	<input type="checkbox"/>	<input type="checkbox"/>	8.	Right Thoracic	<input type="checkbox"/>	<input type="checkbox"/>
4.	Left Abdominal	<input type="checkbox"/>	<input type="checkbox"/>	9.	Right Abdominal	<input type="checkbox"/>	<input type="checkbox"/>
5.	Left Inguinal	<input type="checkbox"/>	<input type="checkbox"/>	10.	Right Inguinal	<input type="checkbox"/>	<input type="checkbox"/>
Tissues Sampled:							
<i>A) Soft tissues:</i>		Lung	<input type="checkbox"/>	<input type="checkbox"/>	Liver	<input type="checkbox"/>	<input type="checkbox"/>
		Brain	<input type="checkbox"/>	<input type="checkbox"/>	Lymph Nodes	<input type="checkbox"/>	<input type="checkbox"/>
		Ovaries/Testis	<input type="checkbox"/>	<input type="checkbox"/>	Adrenal glands	<input type="checkbox"/>	<input type="checkbox"/>
		Pituitary	<input type="checkbox"/>	<input type="checkbox"/>	Kidneys	<input type="checkbox"/>	<input type="checkbox"/>
		Thymus	<input type="checkbox"/>	<input type="checkbox"/>	Spleen	<input type="checkbox"/>	<input type="checkbox"/>
		Other (specify): _____					
		<i>Note: Please indicate site of lymph node sampling</i>					
<i>B) Skeleton</i>		Vertebrae	<input type="checkbox"/>				
		Femur	<input type="checkbox"/>				
Unsubmitted Tissue Fixed For Future Study		<input type="checkbox"/>	<input type="checkbox"/>				

Gross Description and Experimental Protocol

Annapolis Pathology Reporting Form:

Principal Investigator : _____ **Institution:** _____

Tissue Submitted By: _____ **Date:** ____/____/____

Animal Number: _____ Strain: _____ Age: _____ Weeks/Mo)

Experimental: _____ Control: _____ Carcinogen: _____ Virus: _____

Specify Promotor(s): _____ Specify Transgene(s): _____ Genotype: _____/_____

Gender: M _____ F _____ No of Pregnancies: _____ Days of Gestation/Lactation: _____

Fixative: _____ Days of Fixation: _____

Date Received: _____/_____/_____ Date of Processing: _____/_____/_____

Macroscopic Description of Tissue Received:

This should include the details on the request form, together with the pathologist's description before and after tissue slicing. The size of any tumor or lesion identified should be measured in the maximum diameter in mm. All abnormalities should be described.

Annapolis Pathology Reporting Form

Microscopic Description:

A) BENIGN LESIONS		YES	NO	
	Fibroadenoma	<input type="checkbox"/>	<input type="checkbox"/>	
	Adenomyoepithelioma	<input type="checkbox"/>	<input type="checkbox"/>	
	Adenoma	<input type="checkbox"/>	<input type="checkbox"/>	
	Nuclear atypia present	<input type="checkbox"/>	<input type="checkbox"/>	
	Atypia Grade	High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>
B) EPITHELIAL PROLIFERATION:		YES	NO	
	1. Acinar hyperplasia	<input type="checkbox"/>	<input type="checkbox"/>	
	- Physiological Hyperplasia increase in numbers of acini	<input type="checkbox"/>	<input type="checkbox"/>	
	- GEM-induced Hyperplasia	<input type="checkbox"/>	<input type="checkbox"/>	
	Alveolar	<input type="checkbox"/>	<input type="checkbox"/>	
	- GEM-induced Hyperplasia	<input type="checkbox"/>	<input type="checkbox"/>	
	Ductal	<input type="checkbox"/>	<input type="checkbox"/>	
	- Focal	<input type="checkbox"/>	<input type="checkbox"/>	
	- Multifocal	<input type="checkbox"/>	<input type="checkbox"/>	
	- Diffuse	<input type="checkbox"/>	<input type="checkbox"/>	
	2. Intra-luminal proliferation	<input type="checkbox"/>	<input type="checkbox"/>	
	- Involves ducts	<input type="checkbox"/>	<input type="checkbox"/>	
	-- terminal duct lobular units	<input type="checkbox"/>	<input type="checkbox"/>	
	-- Unknown	<input type="checkbox"/>	<input type="checkbox"/>	
	- Epithelial proliferation without atypia	<input type="checkbox"/>	<input type="checkbox"/>	
	- Epithelial proliferation with atypia	<input type="checkbox"/>	<input type="checkbox"/>	
	-- Atypia Grade	High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>
	- Focal	<input type="checkbox"/>	<input type="checkbox"/>	
	- Multifocal	<input type="checkbox"/>	<input type="checkbox"/>	
	- Diffuse	<input type="checkbox"/>	<input type="checkbox"/>	
Note: Epithelial proliferation with atypia is considered as Mammary Intraepithelial Neoplasia (MIN) by the Annapolis nomenclature				
C) MALIGNANT LESIONS:		YES	NO	
	Maximum Diameters of Tumor	<u> x </u>		(mm)
	Tumor Pattern			
	- Glandular	<input type="checkbox"/>	<input type="checkbox"/>	
	- Acinar	<input type="checkbox"/>	<input type="checkbox"/>	
	- Cribriform	<input type="checkbox"/>	<input type="checkbox"/>	
	- Papillary	<input type="checkbox"/>	<input type="checkbox"/>	
	- Solid	<input type="checkbox"/>	<input type="checkbox"/>	
	- Squamous	<input type="checkbox"/>	<input type="checkbox"/>	
	- Other (specifiy)			
	Invasion	<input type="checkbox"/>	<input type="checkbox"/>	
	Vascular Invasion	<input type="checkbox"/>	<input type="checkbox"/>	
	Necrosis	<input type="checkbox"/>	<input type="checkbox"/>	
	Fibrosis	<input type="checkbox"/>	<input type="checkbox"/>	
	Overall Grade	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

Mammary lymph nodes

- Number positive
- Total

Other node metastases present☐ ☐

- Number positive
- Total

Site of other nodes

D) Metastases:	YES	NO
1. Lung metastases	<input type="checkbox"/>	<input type="checkbox"/>
2. Brain metastases	<input type="checkbox"/>	<input type="checkbox"/>
3. Liver metastases	<input type="checkbox"/>	<input type="checkbox"/>
4. Bone metastases	<input type="checkbox"/>	<input type="checkbox"/>
5. Report on other sites examined		

E) Description of Other Microscopic Findings:**Summary of Findings:**

Pathologist: _____